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CONFIRMATION NO. 3148

<b>SERIAL NUMBER</b> 10/500,987	<b>FILING OR 371(c) DATE</b> 03/07/2005 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 147981
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**APPLICANTS**

- Natan Sela, Rehovot, ISRAEL;
- Shmuel Bukshpan, Rehovot, ISRAEL;
- Michael Kardash, Rehovot, ISRAEL;
- Lior Cohen, Rehovot, ISRAEL;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/IL03/00016 \*  
 which claims benefit of 60/344,803 01/07/2002  
 and claims benefit of 60/361,091 03/01/2002 \*  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

Dean D`Small  
 Armstrong Teasdale  
 Suite 2600  
 One Metropolitan Square  
 St Louis ,MO 63102

**TITLE**

System and method of mapping irregularities of hard tissue

<b>FILING FEE RECEIVED</b> 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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